

**Commonwealth of Massachusetts**  
**ANNUAL APPLICATION FOR RENEWAL OF**  
**REGISTRATION AS A RISK RETENTION GROUP**  
**For the year beginning July 1, \_\_\_\_\_ and ending June 30 of the Subsequent Year**  
**(All Information should be typed)**

**Name of Group:** \_\_\_\_\_

**Have there been any changes in the following areas of the Group's organization or operations since its last registration renewal in Massachusetts? (If "Yes", please attach an explanation.)**

	<u><b>Yes</b></u>	<u><b>No</b></u>
1. The lines of insurance the Group is authorized to offer in any state in which it does business?	<input type="checkbox"/>	<input type="checkbox"/>
2. The Group's state of domicile? If "yes" what is the Group's new state of domicile? _____	<input type="checkbox"/>	<input type="checkbox"/>
3. The ownership structure of the Group? (i.e., from a membership organization to a sponsored organization or vice versa.)	<input type="checkbox"/>	<input type="checkbox"/>
4. The activities engaged in by the Group's members?	<input type="checkbox"/>	<input type="checkbox"/>
5. The Group's officers and directors? (If "yes", please attach a complete current list of the Group's officers and directors and submit a completed Biographical Affidavit for each, if the Group has not previously filed such document(s) with the Commonwealth of Massachusetts.)	<input type="checkbox"/>	<input type="checkbox"/>
6. The name and phone number of Group's contact person?	<input type="checkbox"/>	<input type="checkbox"/>
7. The name and/or address of the Group's management company?	<input type="checkbox"/>	<input type="checkbox"/>
8. The licensed insurance producers marketing the Group's coverage? (If "yes", please attach a complete current list of the licensed insurance producers marketing the Group's coverage, including name, address, telephone number and National Producer Number.)	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the Group been examined by its domicile state or any other state within the preceding 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
<p>If "yes", has the Group previously filed a copy of the examination report with the Commonwealth of Massachusetts, or is the Group enclosing the report(s) with this Renewal Application?</p> <div style="display: flex; justify-content: space-between; margin-left: 150px;"> <span>Filed Previously</span> <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; margin-left: 150px;"> <span>Enclosed with Renewal Application</span> <input type="checkbox"/> </div>		
10. Has there been a change in the states in which the Group <u>intends</u> to operate?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has there been any change in the Group's Plan of Operation? (If "yes", please attach a copy of the Group's revised Plan of Operation)	<input type="checkbox"/>	<input type="checkbox"/>
12. Has the Group's registration to do business in any state been suspended or revoked within the last ten years? (If "yes", please attach a brief explanation.)	<input type="checkbox"/>	<input type="checkbox"/>
13. Has the Group's application for registration to do business in any state been denied within the last ten years? (If "yes", please attach a brief explanation.)	<input type="checkbox"/>	<input type="checkbox"/>
14. Is the Group presently engaged in a dispute with any state or federal regulatory agency? (If "yes", please attach a brief explanation.)	<input type="checkbox"/>	<input type="checkbox"/>
15. Is the Group a plaintiff or a defendant in any legal action other than one arising out of policy claims? (If "yes", please attach a brief explanation.)	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the registration fee in the amount of \$125 enclosed?	<input type="checkbox"/>	<input type="checkbox"/>

I do hereby swear and affirm that the aforementioned statements and information are true and correct.

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED INDIVIDUAL

\_\_\_\_\_  
PRINTED NAME OF AUTHORIZED INDIVIDUAL

\_\_\_\_\_  
TITLE OF AUTHORIZED INDIVIDUAL

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_